Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: ROGER BEAUDOING, MD 6161 HARRY HINES BLVD, STE 105 DALLAS, TX 75235	MFDR Tracking #: M4-10-5030-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE CO Box #: 54	Date of Injury: Employer Name: Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We respectfully request that the Division of Workers' Compensation investigate the handling of the above claimant's case. Texas Mutual's claim review auditors are denying the following claim for the following reason: "Documentation does not support the level of service being billed." Office outpatient visit for the evaluation and management of an established patient, which requires at least two of the three components: A detailed history, A detailed examination, Medical decision making of moderate complexity. Dr. Beaudoing met at least two of the three components that were required above. Texas Mutual continues to deny the claim because the auditor feels we have not met the minimum requirements. Please review the date of service at hand and you will see that two of the three components were met.

Amount in Dispute: $149.30

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: ""This dispute involves non payment of Evaluation/Management service 99214 denied because a) "this level of service is being disputed as it does not meet the components as defined in the "CPT" book, and b) payment adjusted because the payer deems the information submitted does not support this level of service." It is the carrier's position that a detailed history, detailed examination and medical decision making of moderate complexity, is not appropriately documented. Based on the documentation provided by the requestor, the documentation does not support that such a level of service as represented by code 99214 was rendered. The American Medical Association defined CPT code 99214 as: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. Based on the documentation provided to the insurance carrier, it does not appear the requestor adequately documented a detailed history, detailed examination or medical decision making of moderate complexity. For instance, the requestor did not document, what activities improved or worsened the patient's complaints. What are the patient's limitations? What therapy has worked and what therapy has not worked, etc. The medical decision making was not moderate in complexity, in fact, the medical decision making was to change the patient's medication, and to provide nothing for breakthrough pain. As indicated in this carrier's denial the patient's condition and diagnosis did not support such a high level office visit for an established patient. It is the carrier's position that what appears to be a routine follow up examination does not require medical decision making of moderate complexity as is suggested by the use of the 99214 level office visit billed. It appears the injured worker was simply in the office for a follow up visit for the identified and diagnosed problem. At present, Texas Mutual maintains its position as described in its eobs: the requestor's documentation does not substantiate code 99214. Given the above, Texas Mutual believes no payment is due and respectfully asks that the requestor withdraw its request for dispute resolution."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
2/8/10	99214	N/A	$149.30	$0.00
			Total Due:	$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §134.203 sets out the medical fee guidelines for professional services rendered on or after march 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated 3/10/2010

   - CAC-150 – Payer deems the information submitted does not support this level of service.
   - CAC-16 – Claim/service lacks information which is needed for adjudication. At least one remark code must be provided (may be comprised of either the remittance advice remark code or NCPDP reject reason code.)
   - 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
   - 890 – This level of service is being disputed as it does not meet the components as defined in the "CPT Book."

   Explanation of benefits dated 7/9/2010

   - CAC-18 – Duplicate claim/service
   - 224 – Duplicate charge

Issues

1. Does the submitted documentation support the service billed under CPT code 99214?
2. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 134.203(a)(5) "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare. The requestor billed CPT code 99214. The description of CPT 99214 is as follows: office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history, a detailed examination and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. The documentation the requestor submitted to support billing CPT code 99214 is reviewed. It does not support the description. The history of present illness (HPI) under the history portion requirement supports that there is no history of present illness. The Review of Systems (ROS) supports 6 systems and under Past, Family, Social History (PFSH) only the past history is supported. This equates to a expanded problem focused history and not detailed as the code description requires. The examination portion of the documentation supports an expanded problem-focused examination and not a detailed examination as the code description requires. The medical decision making of moderate complexity is supported, however an expanded problem focused history, an expanded problem focused examination and medical decision making of moderate complexity does not meet the requirements for billing CPT 99214. Also, the documentation is not signed and does not meet the signature requirements as outlined by Medicare. Therefore, reimbursement for CPT code 99214 is not recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is $0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

	Susan Weber Grist,CPC	**11/17/10**
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.